

National Type Evaluation Program

Application No. 8 for Electronic Cash Registers Interfaced with Scales

Note: As of October 1, 2000, management of NTEP will be transferred from the National Institute of Standards and Technology (NIST) to the National Conference on Weights and Measures (NCWM). Beginning September 1, applications and fees must be submitted directly to NCWM.

Project No.	Control No.	Lab No.
Applicant		
Name:		
Address:		
		Zip Code:
Telephone:	Representative:	
General		
Prototype Device <input type="checkbox"/> Production Device <input type="checkbox"/>		
Schematics submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Operating Manual submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Lab Test <input type="checkbox"/>	Location:	*Lab Requested:
Field Test <input type="checkbox"/>	Location:	*Lab Requested:
<i>For devices requiring field evaluation, the location of the field site <u>must</u> be indicated before application will be processed.</i>		
Model:		
System or Device Description:		

***Note:** NTEP reserves the right to select the laboratory assigned to do the evaluation.

A non-refundable application fee of \$690 is due at the time of application. All NTEP fees are subject to change, contact the NIST Office of Weights and Measures for the latest fee schedules.

Signature_____

Title_____ Date_____

Prior to September 1, return application and fee to:

National Type Evaluation Program Applications
 National Institute of Standards and Technology
 100 Bureau Drive, Stop 2350
 Gaithersburg, MD 20899-2350
Phone: (301) 975-4004 **Fax:** (301) 926-0647

- ☐ check (make check payable to "DOC/NIST")
☐ purchase order; indicate purchase order number:

☐ Visa ☐ MasterCard
☐ Discover ☐ American Express
 Card Number:_____
 Exp. Date:_____
 Name of Cardholder:_____

Beginning September 1, return application and fee to:

National Conference on Weights and Measures (NCWM)
 15245 Shady Grove Road
 Suite 130
 Rockville, MD 20850-3222
Phone: (240) 632-9454 **Fax:** (301) 990-9771

- ☐ check (make check payable to "NCWM")
 Purchase orders will not be accepted.

☐ Visa ☐ MasterCard ☐ American Express
 Card Number:_____
 Exp. Date:_____
 Name of Cardholder:_____
